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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> | | Complete if Known | |
| | | Application Number | 10/519,477-Conf. #2658 |
| | | Filing Date | December 30, 2004 |
| | | First Named Inventor | Hiroaki HAMADA |
| | | Examiner Name | A. R. Hsu |
| | | Art Unit | 2622 |
| | | Attorney Docket No. | 0033-0971PUS1 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 670.00 | | |

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|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|--|------------------|--------------------------------|-----------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 52 |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 |
| Multiple dependent claims | | | | | | | 390 |
| Total Claims 20 or HP Extra Claims Fee (\$) | | | | | | | 195 |
| 13 20 or HP x = Fee Paid (\$) | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) | | | | | | | |
| 3 3 or HP x = Fee Paid (\$) | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | Fees Paid (\$) |
| | | - 100 = | | /50 = | | (round up to a whole number) x | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1401 Notice of appeal | | | | | | | 540.00 |
| 1251 Extension for response within first month | | | | | | | 130.00 |

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|---------------------------------------|-----------------------------------|--------|--------------------------|
| SUBMITTED BY | | | |
| Signature | Registration No. (Attorney/Agent) | 52,327 | Telephone (703) 205-8000 |
| Name (Print/Type) Catherine M. Voisin | Date | | May 8, 2009 |